

## PART B - FEE(S) TRANSMITTAL



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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

700.00 700.00 OP 300.00 OP 01 FC:2501 Viadella Chimica, 14 02 FC:1504 Campagnolo S.r.1. 30.00 OP 36100 Vicenza Italy 03 FC:8001 Please check the appropriate assignee category or categories (will not be printed on the patent): 🗖 Individual 💆 Corporation or other private group entity 🗖 Government 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): x☐ Issue Fee A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized by charge the required fec(s), or credit any overpayment, to Deposit Account Number 22-0415 (enclose an extra copy of this form). Publication Fee (No small entity discount permitted) Advance Order - # of Copies 10 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. 11/28/2005 Authorized Signature Stephen B Schott Registration No. Typed or printed name

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Effective on 12/08/2004. Fees pursual to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known			
Fees pursually to the Consolidated App.	ropriations Act, 2005 (H.R. 4818).	Application Number	10/731,349		
EE TRAN	ISMITTAL	Filing Date	December 9, 2003		
For FY	2005	First Named Inventor	Mario Meggiolan		
	1.4 0 07 0FD 4.07	Examiner Name	Jason Bellinger	r	
X Applicant claims small entity status. See 37 CFR 1.27		Art Unit	3617		
TOTAL AMOUNT OF PAYMENT	(\$) 1,030.00	Attorney Docket No.	CAM3-PT011.1		

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METHOD OF PAYMENT (check all that apply)										
Check Credit Card Money Order 22-0493 Other (please identify):  Deposit Account Deposit Account Number: 22-0493 Deposit Account Name: Volpe and Koenig, P.C.  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.										
FEE CALCULATION			***							
1. BASIC FILING, SEA	FILING		SEARCH	I FEES		TION FEES				
Application Type	Fee (\$)	Fee (\$)	<u>Fee (\$)</u>	<u>Fee (\$)</u>	Fee (\$)	Fee (\$)	Fees Paid (\$)			
Utility	300	150	500	250	200	100				
Design	200	100	100	50	130	65				
Plant	200	100	300	150	160	80				
Reissue	300	150	500	250	600	300				
Provisional	200	100	0	0	0	0	<del></del>			
2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100										
Multiple dependent clair		F (A)	5 5-1	.1.765	14(e)( D	Ol - !-	360 180			
Total Claims	Extra Claim	<u>s Fee (\$)</u> x	<u>Fee Paid</u> = 0.00	<u>a (\$)</u>	Fee (\$)	ependent Clair Eee P	<u>ns</u> aid (\$)			
HP = highest number of total Indep. Claims	Extra Claim	r, if greater than 2 s Fee (\$	Fee Paid = 0.00	± (\$)		0.00	<u> </u>			
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  (round up to a whole number) x  Fee Paid (\$)  4. OTHER FEE(S)  Fees Paid (\$)										
Non-English Specification, \$130 fee (no small entity discount)										
Other: Issue Fee and Publication Fee and Advance Order for 10 Soft Copies 1,030.00										

SUBMITTED BY Registration No. 51,294 (Attorney/Agent) Telephone 215-568-6400 Signature Name (Print/Type) Stephen B. Schott Date 11/28/2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.